TRICARE ENCOUNTER DATA (TED)

CHAPTER 2
SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI	ON C	CODE (SPONSOR) (1-060)
	Validi	TY E D	ITS
	REFER TO CHAPTER 2, SECTION 5.1		
	RELATIO	NAL E	DITS
1-060-01F	FOREIGN EDITS-ACTIVE DUTY N	1ЕМВ	ER
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	Х	FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERN	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND REGION INDICATOR =		
		SC	SOUTH CONTRACT
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

1

CHAPTER 2, SECTION 9.1

		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT
		11	OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LES
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
1-060-02F	• TPR FOREIGN EDITS-ACTIVE DI	JTY AN	ND ACTIVE DUTY FAMILY MEMBER
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND REGION INDICATOR =		
	AND ENROLLMENT/HEALTH PLAN CODE =	SC	SOUTH CONTRACT
		WO	TPR FOREIGN
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS
	AND THE OF SUBMISSION 7	D	DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT N A	AME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER		
	RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-08F	• SPECIAL & EMERGENT CARE, & CUSTODIAL CARE [ACTIVE DUT		ED DEPENDENT, CLINICAL TRIALS & MILY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CL	CLINICAL TRIALS OR
		CM	ICMP OR
		Е	HHC/CM OR
		SP	SPECIAL AND EMERGENT CARE

AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

3

CHAPTER 2, SECTION 9.1

ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA CONTRACTOR¹ > ZERO ARMY OR COAST GUARD OR AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
RECORD (HCSR) DATA CONTRACTOR¹ > ZERO ARMY OR COAST GUARD OR AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
ARMY OR COAST GUARD OR AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
COAST GUARD OR AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
COAST GUARD OR AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
AIR FORCE OR PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
PUBLIC HEALTH SERVICE OR MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
MARINES OR NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
NAVY OR NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
NOAA ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
ACTIVE DUTY OR NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR NATIONAL GUARD (NOT ON ACTIVE DUT' OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
NATIONAL GUARD (NOT ON ACTIVE DUT' OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
OR
RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
SELF OR
SPOUSE OR
CHILD OR STEPCHILD OR
WARD (NOT COURT ORDERED) OR
WARD (COURT ORDERED) OR
SURVIVING SPOUSE OR
FORMER SPOUSE (20/20/20) OR
FORMER SPOUSE (20/20/15) OR
FORMER SPOUSE (10/20/10) OR
FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
D DEPENDENT, CLINICAL TRIALS & LY MEMBER]
VOUCHER HEADER NON-ADMIN CLAIM

CHAPTER 2, SECTION 9.1

LEMENT NAME:	SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (1-060) (CONTINUED)
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CL	CLINICAL TRIALS OR
		CM	ICMP OR
		Е	HHC/CM OR
		SP	SPECIAL AND EMERGENT CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NA	MINE. OLKVICE DRAINCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED) FORMER SPOUSE (TRANSITIONAL
		K	ASSISTANCE (COMPOSITE))
1-060-10F	• CHCBP - EX-SERVICE MEMBER &	FAM:	ILY
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST ≠	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-11F	• TRICARE PRIME REMOTE [TPR]	FOR A	CTIVE DUTY MEMBER
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR

C-1, August 26, 2002

CHAPTER 2, SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE=	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-12F	• SHCP-REFERRED CARE [ACTIVE	DUTY	MEMBER & FAMILY]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP-REFERRED CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICAT	TION C	CODE (SPONSOR) (1-060) (CONTINUED)
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	VT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE		A DV OV OR
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
1-060-13F	SHCP-NON-REFERRED CARE [ACCURATE NOTICE	CTIVE	DUTY SERVICE MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP-NON-MTF REFERRED
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	JT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
-	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI	ON C	CODE (SPONSOR) (1-060) (CONTINUED)
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER		
	RELATIONSHIP CODE MUST =	٨	SELF
1-060-16F	• TFL [RETIREE & FAMILY]	A	SELF
1-000-101	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM
	IF HEADER TYPE INDICATOR =	5	RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	FE	TFL-EXTRA OR
		FS	TFL-STANDARD
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERN	NMEN	TT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
1-060-18F	SHCP VOUCHER		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE

OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME:	SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
	AND ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	CE	SHCP-COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ADSM ENROLLED IN TPR OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON-
			TRICARE OR
		ST	SUPPLEMENTAL HEALTH CARE TRICARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP		
	CODE =	Α	SELF

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE =	В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED)
1-115-01F	IF HEADER TYPE INDICATOR = 5 OI	R 6	
	AND ENROLLMENT/HEALTH PLAN CODE =	Z	TRICARE PRIME, MTF/CLINIC OR
		SR	SHCP REFERRED CARE

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICA	TION C	CODE (SPONSOR) (1-060) (CONTINUED)		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	THEN PCM LOCATION DMIS-ID MI 7901-7912, 7916, 8000-8099, OR BLAN		VALID CODE AND CANNOT = 6501, 6901-6915,		
1-185-01F	MAKING SURE THAT THE CLAIM IS NON-FINANCIALLY UNDERWRITTEN				
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE				
	CAN =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) **VALIDITY EDITS** REFER TO CHAPTER 2, SECTION 6.1 RELATIONAL EDITS 2-055-01F • FOREIGN EDITS-ACTIVE DUTY MEMBER VOUCHER HEADER NON-ADMIN CLAIM IF HEADER TYPE INDICATOR = RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-6 **ELIGIBLE AND** ENROLLMENT/HEALTH FOREIGN ACTIVE DUTY SERVICE MEMBER PLAN CODE = Χ **AND** TYPE OF SUBMISSION ≠ ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR** E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA **AND** AMOUNT PAID BY GOVERNMENT CONTRACTOR¹ > ZERO THEN SERVICE BRANCH **CLASSIFICATION CODE** (SPONSOR) MUST = ARMY OR Α C COAST GUARD OR F AIR FORCE **OR** Η PUBLIC HEALTH SERVICE OR M MARINES OR N NAVY OR 0 **NOAA AND REGION** INDICATOR = SC SOUTH CONTRACT **AND** HCC MEMBER CATEGORY CODE = ACTIVE DUTY **OR** G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT **OR** J NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR S RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) **OR** FOREIGN MILITARY MEMBER OR ¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	TION C	CODE (SPONSOR) (2-055) (CONTINUED)
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
2-055-02F	• TPR FOREIGN EDITS-ACTIVE D	UTY A	ND ACTIVE DUTY FAMILY MEMBER
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND REGION INDICATOR =		
		SC	SOUTH CONTRACT
	AND ENROLLMENT/HEALTH PLAN CODE =		
		WO	TPR FOREIGN
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	RNMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		J	ACADEMY STUDENT OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 2, SECTION 9.1

ELEMENT NAME: SERVICE BRANCH CLASSIFICAT		ODE (SPONSOR) (2-055) (CONTINUED)
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
AND HCC MEMBER		CEVE OF
RELATIONSHIP CODE =	A	SELF OR
	В	SPOUSE OR
	G	SURVIVING SPOUSE OR
	C	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED) OR
	H	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-08F • SPECIAL & EMERGENT CARE, & CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR =		VOUCHER HEADER NON-ADMIN CLAIM
CUSTODIAL CARE [ACTIVE DUT	Y FAN	VOUCHER HEADER NON-ADMIN CLAIM
CUSTODIAL CARE [ACTIVE DUT	Y FAN	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6 AB	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6 AB	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6 AB CL CM	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF	5 6 AB CL CM E	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR HHC/CM OR
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	TY FAM 5 6 AB CL CM E SP	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR HHC/CM OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCSE
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FY FAM 5 6 AB CL CM E SP B E	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR HHC/CM OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCSE DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AND TYPE OF SUBMISSION ≠	FY FAM 5 6 AB CL CM E SP B E	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR HHC/CM OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCSEDATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
CUSTODIAL CARE [ACTIVE DUT IF HEADER TYPE INDICATOR = AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOVER! THEN SERVICE BRANCH	FY FAM 5 6 AB CL CM E SP B E	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR HHC/CM OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCSE DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		0	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER		
	RELATIONSHIP CODE =	В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-09F	• SPECIAL & EMERGENT CARE, & CUSTODIAL CARE [RETIREE AN		ED DEPENDENT, CLINICAL TRIALS & IILY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CL	CLINICAL TRIALS OR
		CM	ICMP OR
		Е	HHC/CM OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
		SP	SPECIAL AND EMERGENT CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS. DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-10F	• CHCBP - EX-SERVICE MEMBER &	FAMI	ILY
II	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAM			CODE (SPONSOR) (2-055) (CONTINUED)
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	IT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		Ο	NOAA
	AND HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED)
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
-055-11F	TPR [ACTIVE DUTY SERVICE ME	EMBER	2]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO

OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(51 6145614) 141651 =		COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND HCC MEMPER	0	INOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
2-055-12F	SHCP-REFERRED CARE [ACTIVE]	DUTY	SERVICE MEMBER & FAMILY]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP-REFERRED CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR

OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
		M	MARINES OR
		N	NAVY OR
		О	NOAA
2-055-13F	SHCP-NON-REFERRED CARE [ACC]	CTIVE	DUTY SERVICE MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP-NON-MTF REFERRED
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-16F	TRICARE SENIOR PHARMACY [7]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR

CHAPTER 2, SECTION 9.1

MENT NAME: SERVICE BRANCH CLASSIFICATI		CODE (SPONSOR) (2-055) (CONTINUED)
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLMENT/HEALTH		T 07
PLAN CODE =	PS	TSRx
AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS DATA OR
	Е	COMPLETE CANCELLATION OF NON-TEL RECORD (HCSR) DATA
AND AMOUNT PAID BY GOVERI	NMEN	TT CONTRACTOR ¹ > ZERO
AND HCC MEMBER		
CATEGORY CODE ≠	A	ACTIVE DUTY OR
	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD (NOT ON ACTIVE DU' OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR
	S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OF
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
THEN TYPE OF SERVICE (SECOND POSITION) MUST =	В	RETAIL DRUGS OR
141031 –	M	MAIL ORDER PHARMACY DRUGS
AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
(== == -, == == =	C	COAST GUARD OR
	F	AIR FORCE OR
	H	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	0	NOAA
AND HCC MEMBER RELATIONSHIP CODE =	D	WARD (NOT COURT ORDERED) OR
	Е	WARD (COURT ORDERED) OR
	F	DEPENDENT PARENT, DEPENDENT STEPPARENT, DEPENDENT PARENT-IN- LAW, OR DEPENDENT STEPPARENT-IN- LAW
• TRICARE SENIOR PHARMACY [T	SRyl.	RETIREE & FAMILY MEMBER

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N		ION C	ODE (SPONSOR) (2-055) (CONTINUED)
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH	DC	TCD
	PLAN CODE =	PS	TSRx
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN TYPE OF SERVICE (SECOND POSITION)		
	MUST =	В	RETAIL DRUGS OR
		M	MAIL ORDER PHARMACY DRUGS
	AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
2-055-18F	• TFL - RETIREE & FAMILY MEMBI	ER	
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	FE	TFL-EXTRA OR
		FS	TFL-STANDARD
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT N AN	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(51 010501) 10051 -	C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
			MARINES OR
		M	NAVY OR
		N	NOAA
	AND THIC MEMBER	О	NOAA
	AND HHC MEMBER CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
2-055-20F	SHCP VOUCHERS		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TPR OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR

OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

23

CHAPTER 2, SECTION 9.1

ELEMENT NAM			CODE (SPONSOR) (2-055) (CONTINUED)
		О	NOAA
	OR ENROLLMENT/HEALTH PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON- TRICARE OR
		ST	SUPPLEMENTAL HEALTH CARE TRICARE
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-21F	• TPR ADFM INTERIM		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE =	В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED)
2-110-01F	IF HEADER TYPE INDICATOR = 5 O	R 6	
	AND ENROLLMENT/HEALTH PLAN CODE =	Z	TRICARE PRIME, MTF/CLINIC OR
		SR	SHCP REFERRED CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN PCM LOCATION DMIS-ID MU 7901-7912, 7916, 8000-8099, OR BLANE		ALID CODE AND CANNOT = 6501, 6901-6915,
2-305-01F	MAKING SURE THAT THE CLAIR	M IS N	ON-FINANCIALLY UNDERWRITTEN
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.